

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

78-1

07809

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

COUNTY Howard MARYLAND  
 CITY (If outside corporate limits, write RURAL  
 OR and give nearest town)  
 TOWN Ellicott City LENGTH OF STAY  
 (in this place)

HOSPITAL OR Shaffer's Convalescent  
 INSTITUTION OR Retreat, Montgomery Road  
 STREET ADDRESS 90

3. NAME OF (First) (Middle) (Last)

LOUISE BENNETT

4. SEX: 6. COLOR OR 7. SINGLE, MARRIED,  
 RACE: WIDOWED, DIVORCED.  
 female white (Specify): Single Feb. 28, 1856

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown

10B. KIND OF BUSINESS OR INDUSTRY: ---

## 13. FATHER'S NAME:

Patrick H. Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES  
 (Yes, no, or unk.) (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. ---

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A)

DUE TO *Atherosclerotic CV disease*

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY,  
 GIVING RISE TO THE ABOVE CAUSE  
 STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
 TO THE DEATH BUT NOT RELATED TO THE  
 DISEASE OR CONDITION CAUSING DEATH.

## 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN  
 ONSET AND DEATH

?

21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  
 (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory,  
 OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)  
 INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour)  
 OF INJURY21E. INJURY OCCURRED  
 While  Not while   
 M. at work  at work 

21F. HOW DID INJURY OCCUR?

20. AUTOPSY?  
 YES  NO 

22. I hereby certify that I attended the deceased from Jan. 13, 1957, to Aug. 14, 1957, that I last saw the deceased alive on Aug. 13, 1957, and that death occurred at 7 A.M. from the causes and on the date stated above.  
 SIGNATURE *Sophia Farnham* ADDRESS *M.D. 10374, Elmer St. Baltimore 8-1952* DATE SIGNED *8/16/55*

23. BURIAL, CREMATION, REMOVAL  
 (SPECIFY) burial

DATE THEREOF 8/16/55

NAME OF CEMETERY OR CREMATORIALoudon Park Cemetery

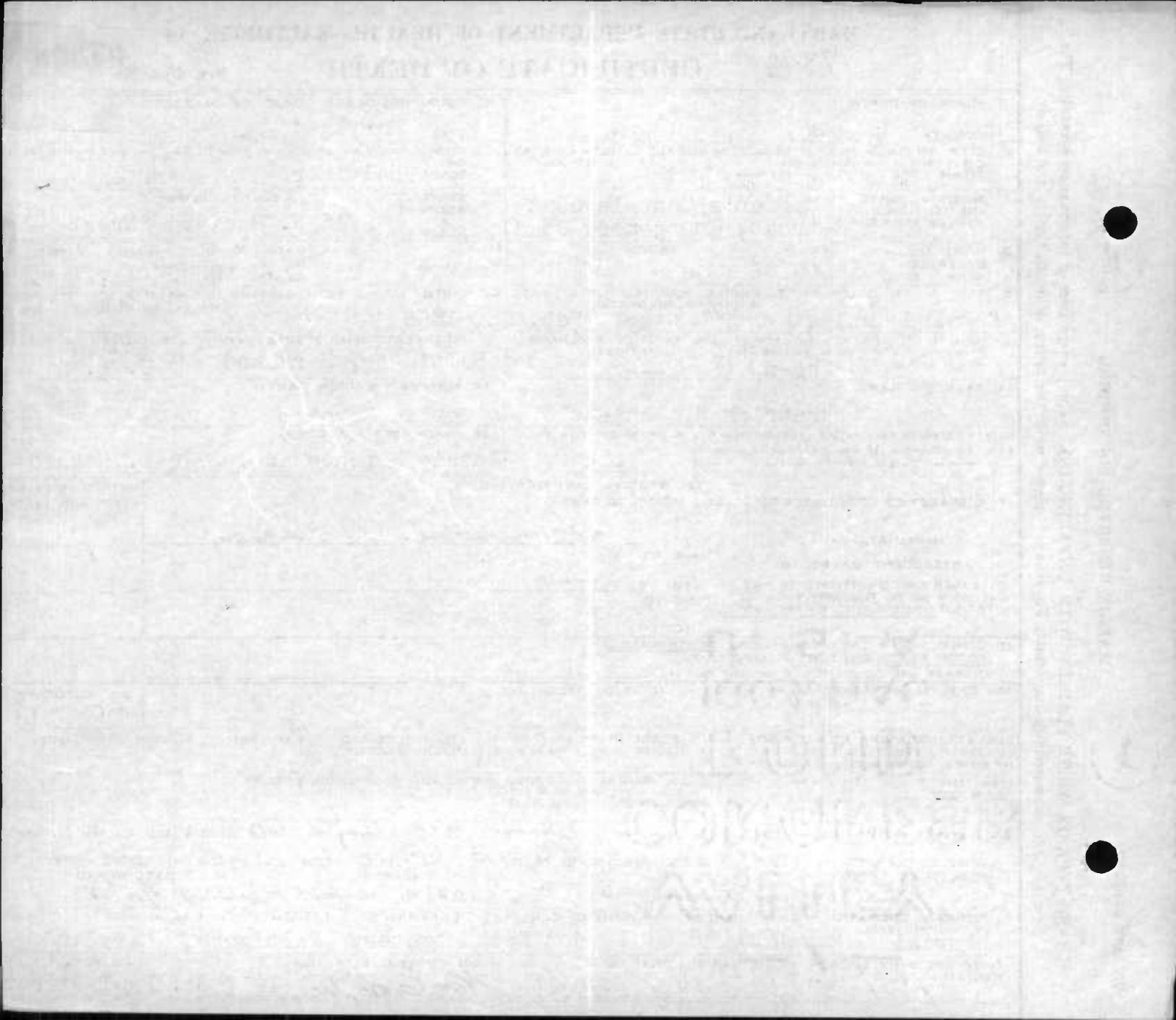
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE *Wm Cook Jr.*

24. FUNERAL DIRECTOR

ADDRESS *1217 St. Paul Street*



## MARYLAND STATE DEPARTMENT OF HEALTH

07810

2411 N. Charles Street, Baltimore

7315

## CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY <b>Howard</b>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <b>MARYLAND Maryland</b>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <b>Rt #2 Woodbine</b>		LENGTH OF STAY (in this place) <b>4 months</b>	
HOSPITAL OR, INSTITUTION OR STREET ADDRESS <b>Rt #2 Woodbine</b>		3. NAME OF DECEASED (First) <b>Margaret</b> (Middle) <b>Jane</b> (Type or Print)	
4. SEX <b>Female</b>	5. COLOR OR RACE <b>White</b>	6. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	7. DATE OF BIRTH <b>6/12/1881</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
13. FATHER'S NAME <b>Samuel D. Betts</b>		11. BIRTHPLACE (State or foreign country) <b>Docktown, N.B. Canada.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No -</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
16. SOCIAL SECURITY NO. <b>None</b>		14. MOTHER'S MAIDEN NAME <b>Hester McKinnon</b>	
17. INFORMANT AND ADDRESS <b>Mrs. John Bewley, Rt 2 Woodbine, Md.</b>		18. MEDICAL CERTIFICATION  <b>Tetanic Myocarditis.</b> <b>Arterio Sclerosis</b> <b>3 mos</b> <b>years</b>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  <b>422.6</b> Immediate cause (a) <b>Tetanic Myocarditis.</b> Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (b) <b>Arterio Sclerosis</b> (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <b>6/25/55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Arterio Sclerosis</b>	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <b>6/25/55</b>		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> Not While <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>6/25</b> , 1955, to <b>7/30</b> , 1955, that I last saw the deceased alive on <b>7/30</b> , 1955, and that death occurred at <b>9:30 a.m.</b> , from the causes and on the date stated above. SIGNATURE <b>JMB</b> (Degree or title) <b>M.D.</b> ADDRESS <b>Sandy Spring</b> DATE SIGNED <b>8/3/55</b>			
23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		DATE THEREOF <b>8-3-55</b>	
LOCATION (City, town, or county) <b>Hyattsville, Md.</b>		(State)	
DATE REC'D BY LOCAL REG. <b>Sept. 6, 1955</b>		REGISTRAR'S SIGNATURE <b>Paul Mercier</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Spach Funeral Home - Hyattsville, Md.</b>			

RECEIVED  
BUREAU V. S.

SEP 7 1955

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07811

7395

## CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH CITY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (in this place)		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE CITY TOWN STREET ADDRESS	
COUNTY Howard Ellicott City Columbia Road				COUNTY Howard Ellicott City (If rural, give location) Columbia Road	
3. NAME OF DECEASED (Type or Print)		(First) BARBARA	(Middle) LORETTA	(Last) BIANNEY	4. DATE OF DEATH 8-10-55
5. SEX Female		6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH 10-7-1868	9. AGE last birthday 86 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Catonsville, Md	
13. FATHER'S NAME George Schatz		14. MOTHER'S MAIDEN NAME Margaret Betzold		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT AND ADDRESS Isabelle Barger, Ellicott City, Md	
18. MEDICAL CERTIFICATION  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  420.0 Immediate cause (a) acute cardiac failure Antecedent cause(s) (b) arteriosclerotic heart disease Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c)					
INTERVAL BETWEEN ONSET AND DEATH 12 hrs 20 years					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR? DATE SIGNED	
22. I hereby certify that I attended the deceased from 6/29, 1946, to 19....., that I last saw the deceased alive on 8/19, 1955, and that death occurred at 12:10 A.M., from the causes and on the date stated above. SIGNATURE ADDRESS Charles S. Whitaker, M.D. Catonsville, Md. 8/10/55					
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 8-13-55		NAME OF CEMETERY OR CREMATORIAL New Cathedral	
DATE REC'D BY LOCAL REG. Aug. 10, 1955		REGISTRAR'S SIGNATURE John B. Loughran		LOCATION (City, town, or county) Baltimore, Md	
24. FUNERAL DIRECTOR F.C. Higinbotham, Ellicott City, Md.		ADDRESS			
Pn. B.E.G.					

BUREAU V. S.

AUG 12 1955

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## MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 191

PLEASE WRITE PLAINLY, WITH UNEADING INK. Supply every item of information clearly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <b>Howard</b>	MARYLAND	STATE <b>Tenn</b>	COUNTY <b>La Follette</b>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <b>Ellicott City</b> (rural)		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <b>La Follette</b>	
HOSPITAL OR INSTITUTION OR <b>Rt. 103</b> 500 feet north of STREET ADDRESS <b>Meadowridge Road.</b>		STREET ADDRESS <b>79 X - 3</b>	
3. NAME OF DECEASED: (Type or Print) <b>John</b>		(First) <b>RA 14513984<sup>6st</sup></b>	(Middle) <b>Comer</b>
5. SEX: <b>Male</b>	6. COLOR OR RACE: <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <b>Single</b>	8. DATE OF BIRTH: <b>8-31-35</b>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <b>U.S. Army</b>		10b. KIND OF BUSINESS OR INDUSTRY:	9. AGE last birthday: <b>19</b> yrs.
13. FATHER'S NAME: <b>Henry Comer</b>		14. MOTHER'S MAIDEN NAME: <b>? Josephine Ivey</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <b>823X</b>		16. SOCIAL SECURITY NO.: <b>17. INFORMANT &amp; ADDRESS:</b>	Martin Funeral Home, Lake City, Tenn.
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause (a) <b>2nd and 3rd degree burns upper half of body &amp; head</b> DUE TO  Antecedent cause(s) (b) .. Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) ..			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <b>Fracture of left femur</b>			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY <b>Highway</b> )	21c. (City or town) <b>Ellicott City</b> (County) <b>Howard</b> (State) <b>Md</b>
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>8-1-55</b> <b>9.58 P.M.</b>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input checked="" type="checkbox"/> at work <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Car left road struck utility pole and burned</b>
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE <i>George E. Burgoon</i>		CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	DATE SIGNED <b>8-1-55</b>
23. BURIAL, CREMATION, REMOVAL (Specify): <b>Burial</b>		DATE THEREOF <b>8-5-55</b>	NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) <b>La Follette, Tenn.</b>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS	
<b>Aug. 4, 1955</b>		<i>John Laughren</i>	

BUREAU V. S.

AUG 5 1955

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07813

## 783 CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

COUNTY Howard

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)LENGTH OF STAY  
(in this place)

TOWN Ellicott City

3 days

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

Taylor Manor Hospital

3. NAME OF  
DECEASED:  
(Type or Print)

(First) Ferdinand JOHN Deichmiller

(Middle)

(Last)

4. SEX:  
Male6. COLOR OR  
RACE: White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify): Married10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired) Optical Tech.10B. KIND OF BUSINESS  
OR INDUSTRY: Optical

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT  
COUNTRY? U.S.

13. FATHER'S NAME: John Deichmiller

14. MOTHER'S MAIDEN NAME: Katherine Engelhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates  
of service) 213-03-097016. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:  
Lillian T. Deichmiller 112 Malbrook Rd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Myocardial Infarction

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic Cardiovascular dis.

DISEASES OR CONDITIONS, IF ANY.  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.

(B) DUE TO ? sev. Yrs

(C) ---

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE Agitated depression

DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO 21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED  
OF INJURY While  Not while   
M. at work  at work 

21F. HOW DID INJURY OCCUR?

WHO

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# 73 9 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07815

## CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
<b>Howard</b>		<b>MARYLAND</b>	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)	
X <b>TOWN Ellicott City</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
92 <b>Highland Manor Nursing Home</b>		<b>Baltimore</b>	
STREET ADDRESS		STREET ADDRESS	
		3 VOI-4 <b>2838 Edmondson Avenue</b>	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
<b>James</b>		<b>T.</b>	<b>Gaskins</b>
4. DATE OF DEATH	(Month)	(Day)	(Year)
<b>Aug</b>	<b>24</b>		<b>1955</b>
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
<b>Male</b>	<b>White</b>	<b>Widower</b>	<b>Jan. 16, 1864</b>
9. AGE last birthday Months	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
91 yrs.	<b>Machinist</b>	<b>Donut Corp. of Amer Northumberland, Pa.</b>	<b>U S A</b>
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
<b>William Gaskins</b>	<b>Rebecca M. MacGregor</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	18. MEDICAL CERTIFICATION
		<b>Damon S. Gaskins 2838 Edmondson Ave</b>	

### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

610X	Immediate cause	(a)	<i>Uremic Coma</i>	INTERVAL BETWEEN ONSET AND DEATH
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	<i>Bilateral Hydrocephalus</i>	?
		(c)	<i>Reniger Paroxysmal Hypertrophy</i>	3-5 yrs.

### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

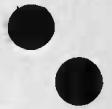
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **8/17**, 1955, to **8/24**, 1955, that I last saw the deceased

alive on **8/17**, 1955, and that death occurred at **1.35 A.m.**, from the causes and on the date stated above.

SIGNATURE *Chas J. Miller MD* (Degree or title) ADDRESS *5226 Bally NAT. Pk* DATE SIGNED *8/25/55*

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)
<b>Burial</b>	<b>Aug. 26, 1955</b>	<b>Woodlawn</b>	<b>Baltimore Co., Maryland</b>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<b>8/25-55</b>	<i>John Howard</i>	<b>G. Howard Strong</b>	<b>3207 W. North Ave</b>	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7319 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07816

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH COUNTY <b>Howard</b>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>Maryland</b>		COUNTY <b>Howard</b>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <b>X TOWN Ellicott City</b>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Ellicott City</b>		(If rural, give location) <b>Old Frederick Road</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Old Frederick Road</b>				STREET ADDRESS			
3. NAME OF DECEASED (First) (Type or Print) <b>MINOTIA</b>		(Middle)		(Last) <b>HARBIN</b>		4. DATE (Month) OF DEATH <b>August 24, 1955</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <b>Married</b>		8. DATE OF BIRTH <b>October 5, 1867</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		9. AGE last birthday <b>87 yrs.</b>		11. BIRTHPLACE (State or foreign country) <b>Virginia</b>	
13. FATHER'S NAME <b>George Cowan</b>		14. MOTHER'S MAIDEN NAME <b>Mary Cassel</b>		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT AND ADDRESS <b>George Harbin, Ellicott City, Md.</b>		18. MEDICAL CERTIFICATION <i>Arteriosclerotic Cardiovascular Disease</i> 2 years	
INTERVAL BETWEEN ONSET AND DEATH							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <b>422.1</b> Immediate cause (a) _____ Antecedent cause(s) Diseases or conditions, if any, (b) _____ giving rise to the above cause stating the underlying cause last (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>7/1, 1953</b> , to <b>8/24, 1955</b> , that I last saw the deceased alive on <b>8/24, 1955</b> , and that death occurred at <b>9 22 P</b> m., from the causes and on the date stated above. SIGNATURE (Degree or title) <b>George E. Burgtorf, M.D.</b> ADDRESS <b>Ellicott City, Md.</b> DATE SIGNED <b>8/26/55</b>							
23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		DATE THEREOF <b>8-27-55</b>		NAME OF CEMETERY OR CREMATORIAL <b>Good Shepherd</b>		LOCATION (City, town, or county) (State) <b>Ellicott City, Md</b>	
DATE REC'D BY LOCAL REG. <b>Aug. 27, 1955</b>		REGISTRAR'S SIGNATURE <b>John B. Longman</b>		24. FUNERAL DIRECTOR <b>F.C. Higinbotham, Ellicott City, Md.</b>		ADDRESS	

RECEIVED  
BUREAU V. S.

SEP 2 1955

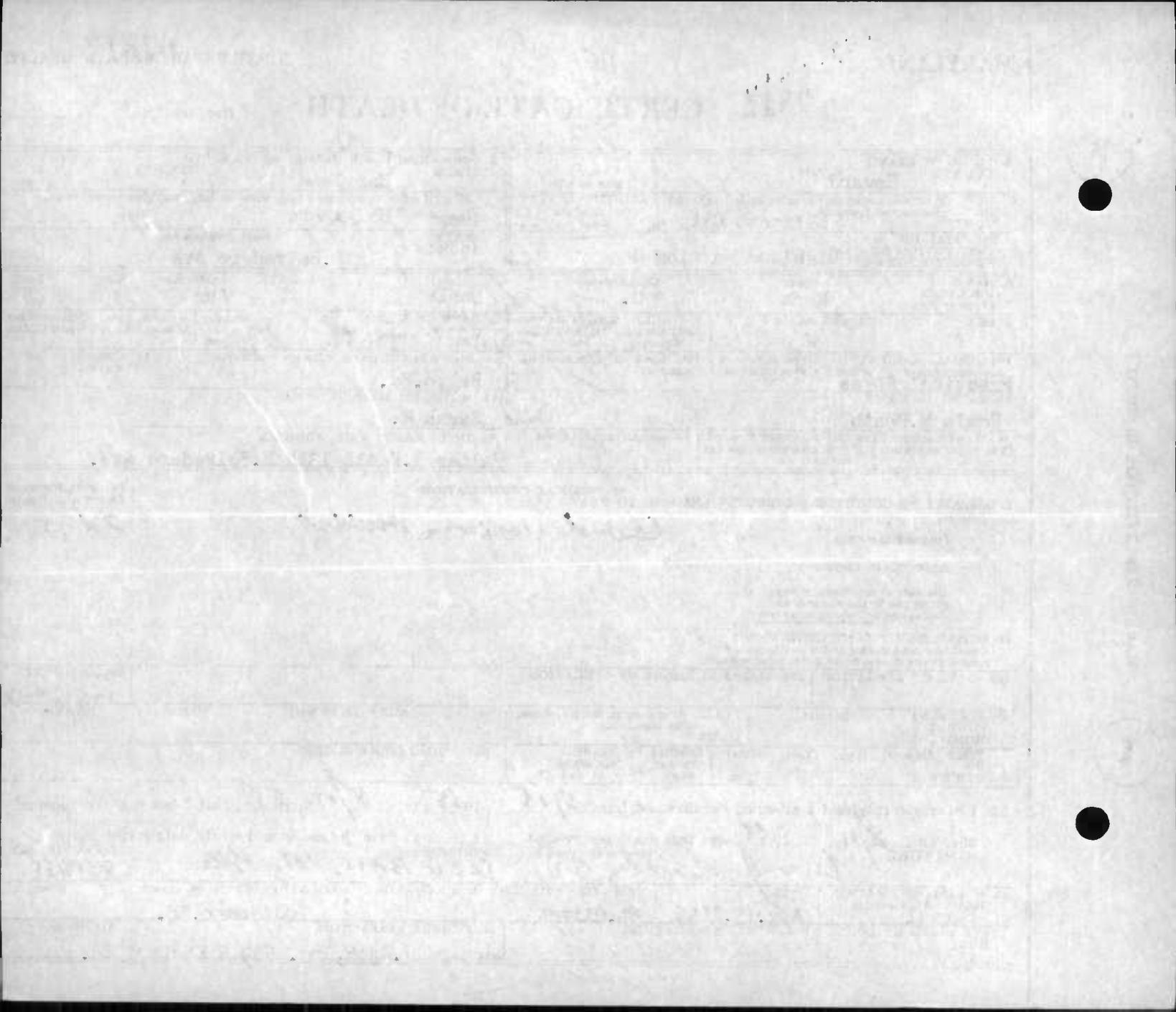
MARYLAND

STATE DEPARTMENT OF HEALTH

## 7811 CERTIFICATE OF DEATH

Reg. Dist. No. 171

1. PLACE OF DEATH COUNTY <b>Howard</b>		MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) <b>X TOWN Ellicott City</b>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Baltimore</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>90 Highland Nursing Home</b>		LENGTH OF STAY (in this place)		STREET ADDRESS <b>1314 E.Belvedere Ave</b>	
3. NAME OF DECEASED (First) <b>Nora</b>		(Middle) <b>C.</b>		(Last) <b>Heath</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>S</b>	4. DATE OF DEATH <b>Aug 13 1955</b>	(Month) <b>Aug</b>	(Day) <b>13</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Practical Nurse</b>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <b>JAN. 9-1868</b>	9. AGE last birthday <b>87</b> yrs.
13. FATHER'S NAME <b>Edwin H. Heath</b>		16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of service)		11. BIRTHPLACE (State or foreign country) <b>Balto. Md.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		17. INFORMANT AND ADDRESS <b>Walter R. Heath 1314 E.Belvedere Ave.</b>		12. CITIZEN OF WHAT COUNTRY?	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <b>331X</b> Immediate cause (a)..... Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c).....				18. MEDICAL CERTIFICATION <b>Cerebral Vascular Accident</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED at m. Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR? <b>8/13/55</b>	
22. I hereby certify that I attended the deceased from ..... <b>5/15</b> , 1955, to ..... <b>8/13</b> , 1955, that I last saw the deceased alive on ..... <b>8/11</b> , 1955, and that death occurred at ..... m., from the causes and on the date stated above. SIGNATURE <b>Loyd Miller Jr.</b> ADDRESS <b>5226 Balt. Rd. Baltimore, Md.</b> DATE SIGNED <b>8/14/55</b>					
23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		DATE <b>Aug. 15, 1955</b>		NAME OF CEMETERY OR CREMATORIUM <b>Mt. Olivet</b>	
LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR <b>Leonard J. Ruck, Inc. 530 5 Harford Rd.</b>		ADDRESS	
DATE REC'D BY LOCAL REG. <b>8/15/55 1741</b>		REGISTRAR'S SIGNATURE <b>One</b>			



07819

MARYLAND

7812

STATE DEPARTMENT OF HEALTH

Reg. Dist. No. 191

## CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Howard		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Ellicott City		LENGTH OF STAY (in this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Highland Manor Nursing Home		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore	
3. NAME OF DECEASED (First) Mrs. Susan E.		STREET ADDRESS 5312 Catalpha Road #14	
(Last) Kerner		4. DATE OF DEATH August 30	
5. SEX female		(Month) (Day) (Year) 1955	
6. COLOR OR RACE white		8. DATE OF BIRTH July 10, 1877	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		9. AGE last birthday 78 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY at home	
13. FATHER'S NAME Mr. James Thompson		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS Mrs. Gilbert Adelhardt, 6308 Marietta Ave.		12. CITIZEN OF WHAT COUNTRY? USA	
18. MEDICAL CERTIFICATION <i>Cerebral Vasc. Accident</i> <i>An arteriosclerosis, generalized</i> <i>Rheumatic Heart Disease</i>			
INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 416X Immediate cause (a)..... Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)..... II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (c).....			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at..... m., from the causes and on the date stated above. SIGNATURE <i>Leonard J. Ruck</i> (Degree of title) ADDRESS <i>5226 Balt. Not. Ave</i> DATE SIGNED <i>8/30/55</i>			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE Sept. 2, 1955 NAME OF CEMETERY OR CREMATORIAL Oak Lawn Cemetery LOCATION (City, town, or county) Baltimore, Maryland (State)	
DATE REC'D BY LOCAL REG. <i>F-93153</i>		REGISTRAR'S SIGNATURE <i>J.W. Hedlund</i> 24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road #14	

Church Rd.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07820

## CERTIFICATE OF DEATH

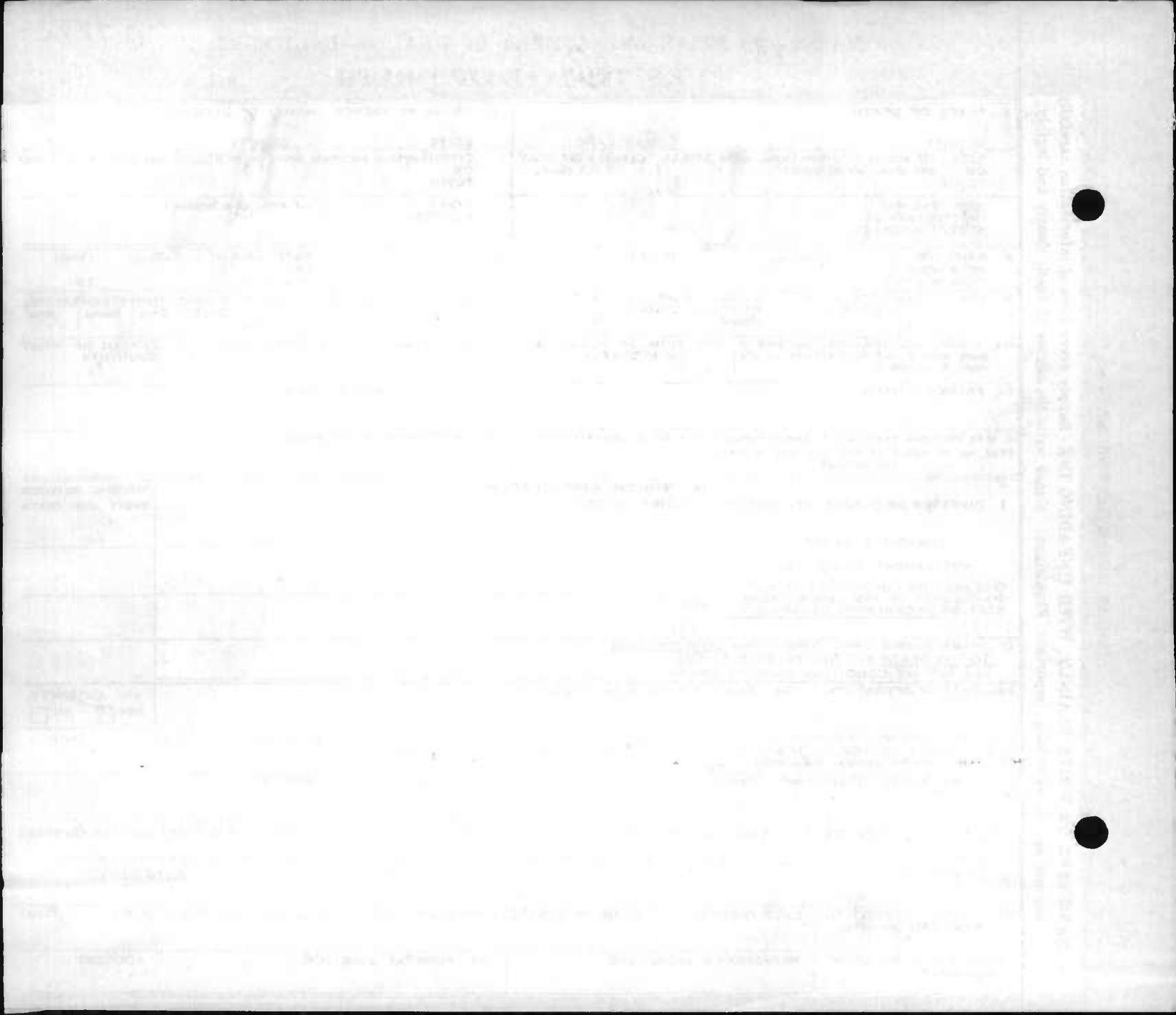
Reg. Dist. No. ....

The

PLEASE WRITE PLAIN IN UNFADING INK. Every item of information should be carefully supplied.  
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print)		(Kreeger)		2. DATE OF DEATH	Aug 13, 1955			
3. PLACE OF DEATH: HOWARD COUNTY A. DEATH OCCURRED IN: Church St., Ellicott City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		B. STATE Maryland				
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 90 Highland Mans Nursing Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		3 VO 1-4				
c. LENGTH OF STAY IN BALTIMORE 60 yrs		D. STREET ADDRESS (If rural, give location) Grand Hotel, Fayette & Grace St.						
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 6/13/87	9. AGE (In years last birthday) 68	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U.S.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Handy man		10B. KIND OF BUSINESS OR INDUSTRY Grandview Inn	14. MOTHER'S MAIDEN NAME Amelia Garrisona	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. 215-22-3179	17. INFORMANT Joseph P. Kreeger 8105 Rayburn Road	ADDRESS	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Bethesda, Maryland		INTERVAL BETWEEN ONSET AND DEATH				
		(A) Acute myocardial infarction involving an occlusion of the left coronary artery.						
		(B) Due to						
		(C) An underlying heart disease.						
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from June 1, 1955, to Aug 13, 1955, that I last saw the deceased alive on Aug 11, 1955, and that death occurred at 11 p.m., from the causes and on the date stated above.								
23A. SIGNATURE Mrs. J. W. Kreeger		23B. ADDRESS 5226 Back Nar. Pkwy		23C. DATE SIGNED 8/14/55				
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE August 17, 1955		24C. NAME OF CEMETERY OR CREMATORIUM Druid Ridge Cemetery		24D. LOCATION (City, town, or county) (State) Pikesville, Maryland		
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR Edgarworth Funeral Home		ADDRESS		



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07821

## 7814 CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

COUNTY	Howard	MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)
TOWN	Poplar Spring	19 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Route 3. Mt. Airy, Md.	

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE	Maryland	COUNTY	Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	Poplar Spring	(If rural give location)	
STREET ADDRESS	Route 3, Mt. Airy, Md.		

3. NAME OF  
DECEASED:  
(Type or Print)

(First) Luigi - Lizi (Last)

4. DATE (Month) (Day) (Year)  
OF DEATH: Aug. 27 1955

5. SEX: 6. COLOR OR  
RACE: 7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify): 8. DATE OF BIRTH:  
Married June 4, 1898

9. AGE last birthday  
IF UNDER 1 YEAR  
Months Days Hours Min.  
57 yrs.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired): Merchant

10B. KIND OF BUSINESS  
OR INDUSTRY: Store

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT  
COUNTRY? U.S.

## 13. FATHER'S NAME:

Pesquale Lizi

## 14. MOTHER'S MAIDEN NAME:

P?

15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no, or unk.) (If Yes, give war or dates  
of service) yes. 1917-1918, 22-23 218-18-2523

## 16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

Mrs. Mary C. Lizi, Route 3, Mt. Airy, Md.

## 18. MEDICAL CERTIFICATION

## I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE

(A) DUE TO Acute Coronary Thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH

About  
10 minutes

ANTECEDENT CAUSE (S)

DUE TO

About  
2 years

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.

(B) DUE TO

Coronary Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

## 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)

21c. WHERE DID (City or town)  
INJURY OCCUR? (County) (State)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY M.

21e. INJURY OCCURRED  
While  Not while   
at work  at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1955, to Aug. 27, 1955, that I last saw the deceased alive on July 1, 1955, and that death occurred at 11:30 A.M. from the causes and on the date stated above.  
SIGNATURE W.B. Culwell ADDRESS DATE SIGNED

23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)  
BURIAL

DATE THEREOF  
8-30-1955

NAME OF CEMETERY OR CREMATORIUM  
Pine Grove

LOCATION (City, town, or county)  
Mt. Airy, Maryland

DATE REG'D BY LOCAL  
REGISTRAR Sept. 6, 1955

RESTRARS SIGNATURE  
E. Pearl Morris

## 24. FUNERAL DIRECTOR

ADDRESS  
C. M. Waltz, Winfield, Md.

RECEIVED  
FBI - BUREAU OF INVESTIGATION

SEP 7 1955

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7315

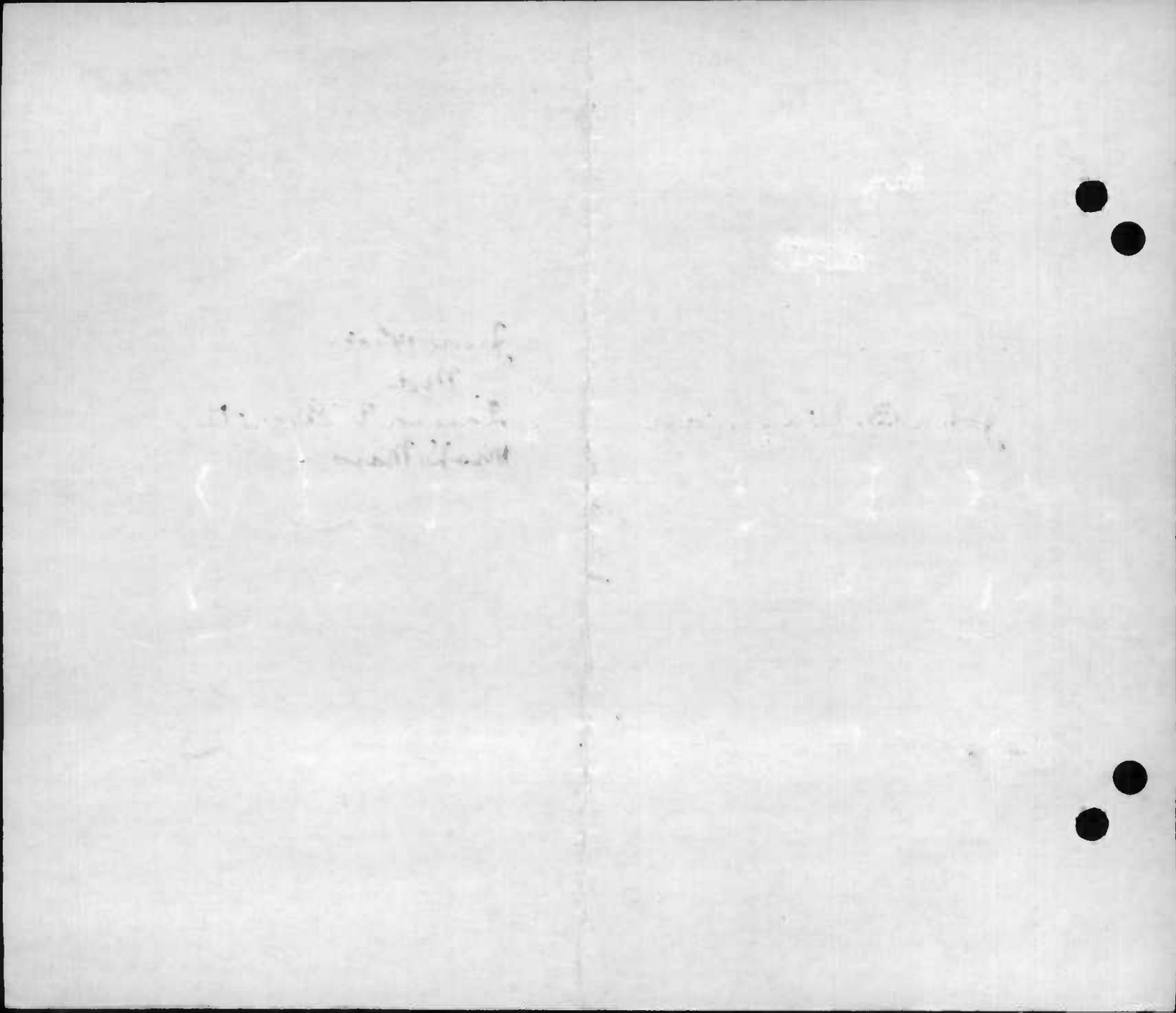
07822

Howard

## CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH CITY (If outside corporate limits, write RURAL and give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		Home MARYLAND Ecclesberry Land Leontine Larent Home		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE CITY (If outside corporate limits, write RURAL and give nearest town) TOWN STREET ADDRESS	
Howard 90		Md Balto 1718 N. Bradford St.		COUNTY 3VO1-4 (If rural, give location)	
3. NAME OF DECEASED (Type or Print)		(First)	(Middle)	(Last)	4. DATE OF DEATH
Female		White			Aug 31 <sup>st</sup> 1955
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	
Female		White		Widow	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	
		Housewife		June 24 1889 66	
11. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?		9. AGE last birthday If under 1 year Months Days Hours Min.	
John B. Wernan				Md	
15. WAS DECEASSED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME	
				Laura D Everett	
18. MEDICAL CERTIFICATION				17. INFORMANT AND ADDRESS	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  33IX				Mrs. H. Mason 1718 N. Bradford St.	
Immediate cause (a)				Cerebral Vasc. Accident	
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last				Cerebral Arteriosclerosis	
(c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
m.					
22. I hereby certify that I attended the deceased from.....		7/2		1955, to.....	
alive on.....		8/26		1955, that death occurred at.....	
SIGNATURE				6:30 A.M., from the causes and on the date stated above.	
Chas J. Wild Jr.				ADDRESS	
				DATE SIGNED	
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORIAL Westview	
Burial		Sept 3 <sup>rd</sup> 1955		LOCATION (City, town, or county) Edmondson Ave.	
DATE REC'D BY LOCAL REG.		REG. NUMBER		NAME OF FUNERAL DIRECTOR	
G. J. Wild Jr.		Medical Legal Book 1701-3 N. Patterson Park Ave.		ADDRESS	



7816

07823

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 191

## 1. PLACE OF DEATH:

COUNTY Howard

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)  
TOWN Ellicott CityLENGTH OF STAY  
(In this place)HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS  
2 mile west of Rt. 1 on  
route #175

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C.

COUNTY

CITY (If outside corporate limits write RURAL and give nearest town)  
OR  
TOWN Washington

47X-3

STREET  
ADDRESS

1416 14th Street NW

(If rural, give location)

3. NAME OF  
DECEASED:  
(Type or Print)

Ralph

(Middle)

Mc Kinney

(Last)

4. DATE  
OF  
DEATH Aug. 16 19 1955

## 5. SEX:

Male

6. COLOR OR  
RACE:

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify):

Widowed

## 8. DATE OF BIRTH:

May 15, 1914

## 9. AGE last birthday:

41

## IF UNDER 1 YEAR

yrs.

## IF UNDER 24 HRS.

Monts Days Hours Min.

10a. USUAL OCCUPATION (Give kind of  
work done during most of work life,  
even if retired): Laborer10b. KIND OF BUSINESS OR  
INDUSTRY:

Paving Construction

11. BIRTHPLACE (State or foreign country):

South Carolina

12. CITIZEN OF WHAT  
COUNTRY?

## 13. FATHER'S NAME:

Wesley Mc Kinney

## 14. MOTHER'S MAIDEN NAME:

Hessie Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates of  
service)

WW 2

## 16. SOCIAL SECURITY NO.:

242-12-8369

## 17. INFORMANT &amp; ADDRESS:

Osborne Mc Kinney, 1418 9th NW Washington, D.C.

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

## 18. MEDICAL CERTIFICATION

824X  
Immediate cause(a) Compound fracture of skull  
DUE TOINTERVAL BETWEEN  
ONSET AND DEATH

Instant

## Antecedent cause(s)

Diseases or conditions, if any, (b)...  
giving rise to the above cause DUE TO  
stating underlying cause last (c)II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

Multiple Fractures

## 19a. DATE OF OPERATION:

## 19b. MAJOR FINDING OF OPERATION:

## 20. AUTOPSY?

Yes  No 21a. EXTERNAL CAUSE WAS  
PRIMARY  OR CONTRIBUTING   
CAUSE OF DEATH.21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY 8-16-55 10.38 AM21b. PLACE (Home, farm, factory,  
OF street, office bldg., etc.,  
INJURY Highway21e. INJURY OCCURRED  
While at Not while  
work  at work 

21c. (City or town) (County)

Rt. #175 Ellicott City, rural Howard Md

(State)

21f. HOW DID INJURY OCCUR? Fell from moving truck  
which ran over him.22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and  
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .SIGNATURE George E. Bergman M.D.  
Ellicott City, Md.CHIEF MEDICAL EXAMINER  
DEPUTY MEDICAL EXAMINER  
M.D. ASSISTANT MEDICAL EXAM.DATE SIGNED  
8-16-5523. BURIAL, CREMATION,  
REMOVAL (Specify): RemovalDATE REC'D BY LOCAL  
REG. 3-17-55

DATE THIEREOF NAME OF CEMETERY OR CREMATORI

8-17-55 M.E.K.

LOCATION (City, town, or county)

Washington, D.C. (State)

REGISTRAR'S SIGNATURE

John B. Loughran, Jr.

## 24. FUNERAL DIRECTOR

Hall Bros. 621 Florida Ave. NW Washington  
D.C.

BUREAU V. S.

AUG 19 1955

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07824

7817

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <b>HOWARD</b>	MARYLAND	STATE <b>Maryland</b>	COUNTY <b>Howard</b>
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)	
TOWN <b>Brookville</b>	(Rural)	TOWN <b>Brookville</b>	(rural)
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Glenwood</b>	STREET ADDRESS <b>Glenwood</b>		
3. NAME OF DECEASED: (Type or Print)	(First) <b>CHARIES</b>	(Middle)	(Last) <b>Pipes Sr.</b>
4. DATE (Month) OF DEATH:	(Day)	(Year)	
<b>Aug. 15</b>	<b>19</b>	<b>55</b>	
5. SEX: <b>M</b>	6. COLOR OR RACE: <b>W</b>	7. SINGLE, <b>MARRIED</b> , WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH: <b>June 20, 1985</b>
9. AGE last birthday yrs. <b>70</b>	10. IF UNDER 1 YEAR Months <b>0</b>	11. IF UNDER 24 HRS. Days <b>0</b>	12. Hours <b>0</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <b>Farmer</b>	10B. KIND OF BUSINESS OR INDUSTRY: <b>Farm Owner</b>	11. BIRTHPLACE (State or foreign country): <b>North Carolina</b>	
12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME: <b>Hiram J. Pipes</b>	14. MOTHER'S MAIDEN NAME: <b>Mary Johnson</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>220-30-6019</b>	17. INFORMANT & ADDRESS: <b>Nerva Pipes, Brookville, Md</b>	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <b>420.0</b>			
IMMEDIATE CAUSE <b>Coronary Thrombosis, Atherosclerosis,</b>			
ANTECEDENT CAUSE (S) <b>Anteroseptic heart disease, emphysema.</b>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(A) DUE TO <b>2 years</b>			
(B) DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, street, office bldg., etc.) <b>At home</b>	21C. WHERE DID (City or town) INJURY OCCUR? <b>At home</b>	(County) <b>Baltimore, Md</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>M.</b>	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Fallen from chair</b>	(State) <b>Md.</b>
22. I hereby certify that I attended the deceased from <b>15 Aug 55</b> , to <b>15 Aug 55</b> , that I last saw the deceased alive on <b>15 Aug 55</b> , and that death occurred at <b>11:20 AM</b> , from the causes and on the date stated above. SIGNATURE <b>Howard E. Hall</b>			
ADDRESS <b>Baltimore, Md</b>			
DATE SIGNED <b>15 Aug 55</b>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>	DATE THEREOF <b>Aug. 20, 1955</b>	NAME OF CEMETERY OR CREMATORIUM <b>Mt. View</b>	LOCATION (City, town, or county) (State) <b>Alpha, Md.</b>
DATE REC'D BY LOCAL REGISTRAR <b>Aug. 20, 1955</b>	REGISTRAR'S SIGNATURE <b>Hedrick</b>	24. FUNERAL DIRECTOR <b>F.C. Higinbotham, Ellicott City, Md</b>	ADDRESS

for your kind consideration.

7318

07826

Reg. Dist.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 192

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <b>Howard</b>	MARYLAND	STATE <b>Maryland</b>	COUNTY
CITY (If outside corporate limits, write RURAL OR and give nearest town) <b>TOWN Marriottsville</b>		CITY (If outside corporate limits write RURAL and give nearest town) OR <b>TOWN Baltimore</b>	
HOSPITAL OR INSTITUTION OR 1 mile east of Marriottsville STREET ADDRESS on south branch Patapsco		STREET ADDRESS <b>3 VO 1 - 4</b> <b>708 S. Ponca St.</b>	
(If rural, give location)			
3. NAME OF DECEASED: (First) <b>WAYNE</b> (Middle) <b>VERNON</b> (Last) <b>TEETS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 7, 1955</b> 19	
5. SEX: <b>Male</b>	6. COLOR OR RACE: <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <b>Married</b>	8. DATE OF BIRTH: <b>AUG 24, 1932</b>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <b>body builder</b>		10b. KIND OF BUSINESS OR INDUSTRY: <b>automobile</b>	
11. BIRTHPLACE (State or foreign country): <b>Kingwood, W.Va.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: <b>Teil Teets</b>		14. MOTHER'S MAIDEN NAME: <b>Evelyn Metting</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <b>yes</b> <b>W.W.II</b>		16. SOCIAL SECURITY NO.: <b>235-52-1594</b>	
17. INFORMANT & ADDRESS: <b>Mrs Evelyn Teets, R.D.2. Kingwood, W.Va.</b>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <b>929.8</b> Immediate cause (a) <b>Hypoxiation (drowning)</b> DUE TO Antecedent cause(s) Diseases or conditions, if any, (b)... giving rise to the above cause DUE TO stating underlying cause last (c)			
INTERVAL BETWEEN ONSET AND DEATH <b>instant</b>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY <b>Patapsco River</b> )	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>8-7-1955</b> <b>1.15 PM</b>		21e. INJURY OCCURRED While at Not while work <input type="checkbox"/> at work <input checked="" type="checkbox"/> 21f. HOW DID INJURY OCCUR? <b>Drowning, Swimming Patapsco River</b>	
22. I hereby certify that I took charge of the remains described above, had an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	
SIGNATURE <b>Charles S. Whistaker, M.D.</b>		DATE SIGNED <b>8-7-55</b>	
23. BURIAL, CREMATION, REMOVAL (Specify): <b>BURIAL</b>		DATE THEREOF <b>9-10-55</b> NAME OF CEMETERY OR CREMATORIAL <b>MT. MORIAH</b> LOCATION (City, town, or county) (State) <b>KINGWOOD W.VA.</b>	
DATE REC'D BY LOCAL REG. <b>8-9-55</b>		REGISTRAR'S SIGNATURE <b>Alice V. Hert</b> 24. FUNERAL DIRECTOR ADDRESS <b>F.H. HIGGINBOTHOM ELLICOTT CITY MD.</b>	

BUREAU V. S.

5

W.C. 15 1955

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7819

## CERTIFICATE OF DEATH

Reg. Dist. No.

190

## 1. PLACE OF DEATH:

COUNTY HOWARD

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)  
TOWN ELKRIDGELENGTH OF STAY  
(in this place)HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

5800 OLD WASHINGTON BLVD.

3. NAME OF  
DECEASED:  
(Type or Print)(First) GRACE AGNEW TOOMEY  
(Middle)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND

COUNTY HOWARD

CITY (If outside corporate limits, write RURAL and give nearest town)  
OR  
TOWN ELKRIDGESTREET  
ADDRESS

(If rural give location)

5800 OLD WASHINGTON BLVD.

4. SEX: 6. COLOR OR  
RACE: Female White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify) Widowed8. DATE OF BIRTH:  
February 19, 18819. AGE last birthday  
74 yrs.IF UNDER 1 YEAR  
MonthsIF UNDER 24 HRS.  
Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired): Housewife10B. KIND OF BUSINESS  
OR INDUSTRY:11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT  
COUNTRY?  
Baltimore, Maryland U.S.A.

13. FATHER'S NAME:

Thomas A. Agnew

14. MOTHER'S MAIDEN NAME:

Mary Ann Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates  
of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT &amp; ADDRESS:

Mr. Charles E. Toomey, Jr., 5611 Washington Blvd

18. MEDICAL CERTIFICATION  
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE

## (A) DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

ANTECEDENT CAUSE (S)

Coronary Thrombosis

Instant-

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.

(B) DUE TO

N.G. Found dead in bed.

(C) DUE TO

I saw her the previous day

## II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

at noon -

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
OR INJURY street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
While  Not while   
at work  at work 

21F. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from Aug 3rd, 1955, to Aug 3rd, 1955, that I last saw the deceased  
alive on Aug 3rd, 1955, and that death occurred at 8 A.M. from the causes and on the date stated above.  
SIGNATURE R.B. Brumbaugh, M.D. ADDRESS Elkridge - 27 Wnd. 8/4/55  
DATE SIGNED23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL  
REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Mrs. K. Big William W.M.J. Tickner &amp; Sons, Balt. 17, Md.

BUREAU V. S.

AUG 8 1955

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH

07828

7820

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH COUNTY Howard			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Ellicott City			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS		
3. NAME OF DECEASED (Type or Print) LAURA			4. DATE (Month) (Day) (Year) OF DEATH August 21 1955		
(First) (Middle) (Last) DOLORES WOOD			5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY None		
11. BIRTHPLACE (State or foreign country) Baltimore, Md			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME George J. Brookheiser			14. MOTHER'S MAIDEN NAME Catherine Kelly		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT AND ADDRESS Royden H. Wood, Ellicott City, Md					
18. MEDICAL CERTIFICATION					

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause

(a) *Cancerous of stomach  
with metastasis*INTERVAL BETWEEN  
ONSET AND DEATH  
*2 mos.*

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause  
stating the underlying cause last

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
OF INJURY	m.					

22. I hereby certify that I attended the deceased from *8-11-41*, 19....., to *P-21-1955*, that I last saw the deceasedalive on *8-15-55*, 19....., and that death occurred at *5:40 P.M.*, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED  
*8-12-55*

23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 8-24-55	NAME OF CEMETERY OR CREMATORIAL Loudon Park	LOCATION (City, town, or county) Baltimore, Md	(State)
DATE REC'D BY LOCAL REG.	REGISTRATION'S SIGNATURE <i>John B. Longhane</i>		24. FUNERAL DIRECTOR F.C. Higinbotham, Ellicott City, Md		

RECEIVED  
BUREAU V. S.

AUG 24 1965